	FORM 3 AMENDED REPORT							
APPLICATION FOR PERMIT TO DRILL					1. WELL NAME and NUMBER East Chapita 92-23			
2. TYPE OF WORK DRILL NEW WELL (REENTER P&A WELL) DEEPEN WELL (3. FIELD OR WILDCAT NATURAL BUTTES			
4. TYPE OF WELL Gas Well Coalbed Methane Well: NO					5. UNIT or COMMUNITIZATION AGREEMENT NAME			
6. NAME OF OPERATOR EOG Resources, Inc.					7. OPERATOR PHONE 435 781-9111			
8. ADDRESS OF OPERATOR 600 17th Street, Suite 1000 N, Denver, CO, 80202					9. OPERATOR E-MAIL kaylene gardner@eogresources.com			
10. MINERAL LEASE NUMBER 11. MINERAL OWNERSHIP				12. SURFACE OWNERSHIP				
(FEDERAL, INDIAN, OR STATE) UTU67868	FEDERAL INDIAN STATE FEE			FEDERAL INDIAN STATE FEE				
13. NAME OF SURFACE OWNER (if box 12 = 'fee')					14. SURFACE OWNER PHONE (if box 12 = 'fee')			
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')					16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN')		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES (Submit Commingling Application) NO			19. SLANT VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FO	OTAGES	QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE 793 FN		L 2043 FWL	NENW	23	9.0 S	23.0 E	S	
Top of Uppermost Producing Zone 793 FN		L 2043 FWL	NENW	23	9.0 S	23.0 E	S	
tt Total Depth 793 FNL 2043		L 2043 FWL	NENW	23	9.0 S	23.0 E	S	
21. COUNTY UINTAH 22. DISTANCE TO NEARES 7				T LEASE LINE (Feet) 23. NUMBER OF ACRES IN DRILLING UNIT 1079				
25. DISTANCE TO NEA (Applied For Drilling of			or Completed)	REST WELL IN SAME POOL r Completed) 3570		26. PROPOSED DEPTH MD: 8730 TVD: 8730		
27. ELEVATION - GROUND LEVEL 5114		28. BOND NUMBER NM2308			29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 49-225			
ATTACHMENTS								
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORCANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES								
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN				
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER				
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP				
NAME Mary Maestas TITLE Regulatory Assistant				PHONE 303 824-5526				
SIGNATURE DATE 11/25/2008				EMAIL mary_maestas@eogresources.com				
API NUMBER ASSIGNED APPROVAL 43047502020000				Perm	it Manager	(),		

